



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PATIENT RIGHTS AND GRIEVANCE PROCEDURE INFORMATION

Effective Date: June 27, 2011

Policy #: PR-04

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- I. PURPOSE:** To ensure a systematic process for informing patients about their rights and the hospital grievance procedure.
- II. POLICY:**
 - A. Patients admitted to Montana State Hospital are afforded the protection of a number of rights established under state and federal law. Information about patient rights and the hospital grievance procedure will be provided to patient upon admission to the hospital. Information will be communicated in both written and oral form.
 - B. If a patient's condition prevents meaningful communication about patients' rights, this information will be provided at a later time as soon as it is clinically feasible.
 - C. Information about patients' rights and the grievance procedure will be posted on every hospital unit.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. Social Workers are responsible for ensuring patients are aware of their rights within three (3) days of admission.
 - B. The Treatment Team is responsible for communicating patient rights periodically during ward meetings and explaining patient rights versus responsibilities.
- V. PROCEDURE:**
 - A. Within the first three (3) days following admission, a social worker or other designated and appropriately trained staff person will review and discuss patient rights information with the patient. The patient will be asked to review and sign a Patients Rights Form. The staff member will sign, date and time when the Patient Rights form was completed. The original copy of the form will be given to the patient, and the duplicate will be entered into the medical record. The staff member will also review the Patient Grievance Procedure with the patient.

Policy and Procedure

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- B. If a patient is unable or refuses to sign the form or is unable to comprehend the information, staff will document this information in the progress notes, identify a time frame to reattempt to provide the information, and attempt to provide the information after the patient's psychiatric condition improves.
- C. Information about patients' rights will be communicated periodically during ward meetings and treatment programs.
- D. Staff members will reinforce concepts about the relationship between rights and responsibilities and the need to avoid actions that infringe upon the rights of others.

VI. REFERENCES: Patient Bill of Rights

VII. COLLABORATED WITH: Program Managers, Director of Nursing Services

VIII. RESCISSIONS: #PR-04, *Patient Rights and Grievance Procedure Information* dated March 16, 2011; #PR-04, *Patient Rights and Grievance Procedure Information* dated August 15, 2007; #PR-04, *Patient Rights and Grievance Procedure Information* dated March 31, 2003; #QI-02, #PR-04, *Patient Rights and Grievance Procedure Information* dated February 14, 2000; #QI-02, *Quality Improvement Plan* dated July 12, 2001HOPP #96-PR-01, *Patient Rights and Grievance Procedure Information*, dated September 1, 1996.

IX. DISTRIBUTION: All hospital policy manuals.

X. REVIEW AD REISSUE DATE: June 2014

XI. FOLLOW-UP RESPONSIBILITY: Director of Quality Improvement

XII. ATTACHMENTS:

- A. Patient Bill of Rights Document
- B. Patient Grievance Form

_____/____/____
John W. Glueckert Date/Time
Hospital Administrator

_____/____/____
Connie Worl Date/Time
Director of Quality Improvement

How to Make a Complaint or File a Grievance

- If you need help resolving a complaint about the services you are receiving at Montana State Hospital...
- If you believe your rights have been violated...
- If you believe you have been physically, emotionally, verbally, or sexually abused...
- Or if you are unhappy about your treatment or need help getting your point of view recognized by staff...

First

- Communicate directly with staff on your treatment unit whenever possible.

However, if this is not effective or if you do not want to do this, you may also

- File a grievance or complaint by asking staff to provide you with the necessary form.

If this doesn't work, or you want assistance from outside the Hospital, you may wish to contact one of the following agencies

Mental Disabilities Board of Visitors (Governor's Office)

Helena Office P.O. Box 200804 Helena, MT 59620-0804 Phone: 406-444-3955 Toll Free: 800-332-2272	Warm Springs Office P.O. Box 177 Warm Springs, MT 59756 Phone: 406-693-7035
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The Board of Visitors can:

- Meet with you in person to talk about your concerns and answer your questions
- Give you suggestions for resolving the problem yourself
- Help you communicate with staff effectively
- Assist you in filing a grievance or formal complaint

You may also wish to contact one of the following agencies

Disability Rights Montana 1022 Chestnut St Helena, MT 59601 Toll-Free Phone: 800-245-4743	For complaints about abuse, neglect, injuries, or improper use of restraint, seclusion, time out, or violations of patient rights.
DPHHS Quality Assurance Division 2401 Colonial Drive P.O. Box 202953 Helena, MT 59620-2953 Phone: 406-444-2676	For complaints about facility compliance with state and federal rules and regulations concerning operation of healthcare facilities including patient rights and abuse and neglect

I have been informed of my rights as a patient at Montana State Hospital.

Patient Signature _____ Date _____

Patient Name (print) _____ Hospital Number _____

I have presented a statement of rights to the individual named *above* and have afforded him/her an opportunity to ask questions or be referred to an appropriate person or agency.

Employee Signature _____ Date / Time:

MONTANA STATE HOSPITAL RIGHTS OF PATIENTS

As a patient of Montana State Hospital, you have certain rights and. protections guaranteed under the laws of the State of Montana and United States Government. These rights include the following:

- ✓ The right to be free from Abuse and Neglect.
- ✓ The right to receive Treatment.
- ✓ The right to an adequate diet.
- ✓ The right to privacy and dignity.
- ✓ The right not to be fingerprinted.
- ✓ The right to confidentiality of your medical record.
- ✓ The right to a humane psychological and physical environment.
- ✓ The right not to be subjected to experimental treatment without your consent.
- ✓ The right to be informed of your medical condition.
- ✓ The right within reasonable limits to make and receive phone calls.
- ✓ The right to require informed consent as specified by law, and except as permitted in emergency situations.
- ✓ The right to keep and spend reasonable amounts of your own money.
- ✓ The right to consult with your attorney, advocate, or legal representative.
- ✓ The right to wear your own clothing and to keep and use personal possessions within reasonable limits.
- ✓ The right to assurance that privileges or release from the Hospital is not based on required participation in work programs.
- ✓ The right to be paid for work that involves operation or maintenance of the hospital beyond activities of a personal housekeeping nature.
- ✓ The right to the least restrictive conditions necessary to achieve the purpose of your commitment.
- ✓ The right to assert grievances or make complaints to outside agencies including advocacy programs and state and federal government agencies.
- ✓ The right to regular physical exercise.
- ✓ The right to have visitors during visiting hours.
- ✓ The right to receive and send mail.
- ✓ The right to have staff assist you as needed.
- ✓ The right to have rules, procedures, and policies clearly explained.
- ✓ The right to assistance and special provisions if you have a physical disability.
- ✓ The right to be free from unnecessary or excessive medication.
- ✓ The right to participate in development of your treatment plan.
- ✓ The right to have access to letter writing materials and postage.
- ✓ The right to be free from physical restraint or isolation (seclusion) except in certain emergency situations.
- ✓ The right to practice your religion and participate in worship services.
- ✓ The right to interact with members of the opposite sex with appropriate supervision.
- ✓ The right not to be photographed without your consent except for appropriate identification or administrative purposes.
- ✓ The right to be appropriately referred to other mental health service providers and to participate actively in discharge planning.
- ✓ The right to a safe, clean, and attractive living facility that meets state and local fire and safety standards.
- ✓ The right to assert grievances or make complaints through hospital procedures.
- ✓ The right to be free of coercion, discrimination, or reprisal for exercising one's rights or filing a complaint or grievance.

Some rights may be restricted or denied based on court action, treatment considerations, or security requirements. In this instance, the Hospital must act in a lawful manner and be able to demonstrate the reason the action taken is necessary. You may also give permission to waive certain rights.

The Hospital offers a complaint and grievance procedure that you may use if you believe your rights have been violated. You may also go outside of this procedure to make complaints and file grievances with advocacy organizations or regulatory agencies.

Patient Grievance Form

Before you complete this Patient Grievance Form, please attempt to resolve the matter informally with a staff member on your treatment unit, your Treatment Team, or someone else you trust. If a satisfactory resolution cannot be reached, complete this form and forward it to the Program Manager on your treatment unit. A staff member from your unit will meet with you to discuss your concern(s) in an attempt to resolve the matter. Your cooperation in finding a resolution is appreciated.

I would like resolution on a possible violation of patient rights at Montana State Hospital.

Name of person making complaint _____

Address/Treatment Unit _____

I request assistance from the Board of Visitors (BOV) Yes _____ No _____ BOV Notified: _____

Program Manager Notified _____ Response rec'd from Program and /or Nurse Manager _____

Date(s) of incident(s) _____

Right(s) violated _____

Describe Incident: _____

Suggestion(s) for resolution: _____

Signature _____ Date _____

Please send this form to your Treatment Team, Program Manager or Nurse Supervisor.

.....
Do not write in this section until you have discussed this grievance with MSH staff.

I am satisfied _____ , not satisfied _____ this matter has been resolved by informal means.

Signature _____ Date _____

Patient Grievance Action Form

Date Patient Grievance Form received _____ Received by _____

Please describe action taken to resolve the matter – include copies of documentation if necessary.

Prepared by _____ Date/Time _____

Recommendation(s) for resolution

Prepared by _____ Date/time _____

When complete, forward this form along with the Patient Grievance Form to Kathleen Duganz, QI Specialist.

Thank You.